

| REPORTS INVENTORY | | | | | | CONTROL NO. | |
|---|-------------|--|------------------|---|-----------------|---|--------------------------------|
| PREPARE IN DUPLICATE | | | | | | DDS/IPC-06 | |
| 1. TITLE OF REPORT (if a fill-in report include Form No.) | | | | | | 2. TYPE OF REPORT | |
| ADP Manpower and Cost Summary -- Formats F, G, H, I, J, and K | | | | | | <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING | |
| | | | | | | 3. FUNCTIONAL AREA <input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL | |
| | | | | | | <input checked="" type="checkbox"/> TRAINING <i>x Command</i> <input checked="" type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE | |
| 4. NO. OF COPIES PREPARED | | 5. FREQUENCY (weekly, monthly, quarterly, etc.) | | 6. DISTRIBUTION (No. of components not number of copies) | | | |
| 2 | | Annual | | 1 - OPPB | | | |
| 7. FORMAT (memorandum, form, computer print-out, etc.) | | 8. ADP PROCESSING | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT | | | |
| Coded Transcript Sheet | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | BOB Circular No. A-83 | | | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) | | | | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) | | | |
| Directorate | | | | Received from 7 DD/S Directorates, worked, consolidated, and fed to OPPB | | | |
| 12. COST FACTORS | | | | | | | |
| A. MANUAL PREPARATION AND REVIEW COSTS | | | | | | | |
| GRADE | HOURLY RATE | X | HOURS PER REPORT | = | COST PER REPORT | X | TIMES PREPARED = COST PER YEAR |
| 13 | 9.40 | | 8 | | \$75.20 | | 1 = \$75.20 |
| B. COSTS OF COMPUTER PRODUCED REPORTS | | | | | | | |
| 3 pages x 3 copies x .03 = \$.27 | | | | | | | |
| TOTAL COSTS PER YEAR | | | | | | | |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. | | | | | | | |
| OMB Requirement - Initial Report June 1967 | | | | | | | |
| 14. FUTURE GOALS | | | | | | | |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT | | | | | | ESTIMATED SAVINGS | |
| <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE | | | | | | <input type="checkbox"/> OTHER (explain) N/A | |
| | | | | | | MAN-HOURS | |
| | | | | | | DOLLARS | |
| 16. DATE OF INVENTORY | | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION | | | | | |
| | | Approved For Release 2006/11/13 : CIA-RDP75-00399R000100190036-8 | | | | | |